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**Follow-up to House Select Committee on School Safety Questions**

**Date: April 9, 2018**

1. Rep. Black: What is the cost of starting and maintaining a comprehensive health clinic in a school?

The average annual cost of operating a School Health Center(SHC) in NC is \$168,598. Most SHCs report funding from local counties, other local entities such as hospitals or health alliances, federal grants, NC Office of Rural Health, private foundations, contributions from the public, and third-party reimbursements for services (includes Medicaid). These figures do not include DPH funding which is \$44,440 per SHC via RFA A-346. Start-up costs would include costs of equipment and supplies as well as salaries. All of the SHCs funded by DPH have in-kind space donated by the schools they serve.

Are there any long-term cost-savings associated with school-based health centers?

We are not aware of any studies that have quantified the dollar savings attributable directly to School Health Centers specifically. However, we know that increasing access to physical and mental health services for youth in local communities generally, and focusing on prevention, meaningfully improves outcomes for youth and can keep conditions from spiraling into (significantly more expensive to treat) health crises.

2. Rep. Harrison: Please confirm that we have state mental health parity laws. Are state and federal laws sufficient and if not, why?

State and federal law both formally require parity in insurance coverage between mental and physical health services, which generally means that if an insurance product covers mental health services then it must not impose conditions of coverage (like copays or benefit limits) that are more stringent than what it imposes on similar physical health benefits. These standards do not, however, require health plans to cover mental health services in general nor do they require coverage for any particular behavioral health service. Further, although we generally have a robust array of behavioral health services, the ongoing funding shortfall for behavioral health significantly hinders access to necessary services. This issue is made worse by the fact that too many North Carolinians lack meaningful access to health insurance that could cover lower-cost behavioral

health services and keep conditions from spiraling into (significantly more expensive to treat) health crises.

3. Rep. Graham: Regarding the \$70 million in Medicaid funding provided to LEAs, are there any restrictions how money can be used an LEA?

In North Carolina, Medicaid reimbursement is available to all local education agencies (LEAs) for speech/language, physical and occupational therapies, audiology, nursing, and counseling services in accordance with the North Carolina Medicaid State Plan. To bill for these Medicaid-eligible services, the child must be enrolled in Medicaid, the services must be listed in the child's individualized education program (IEP), and the LEA must be authorized by the state as a qualified Medicaid provider.